

## Embassy of the United States of America Doha, Qatar Consular Section

| Date:   |
|---|
| Dear Applicant:   |
| We would like to inform you that you are eligible to undergo a medical examination with the Embassy panel physician. You must provide your passport, two color passport-style photographs, and this letter to prove that you are currently under processing at the Embassy. |
|   |
| Dear Panel Physician (Doha Clinic Hospital):  |
| You are requested to perform a medical examination of the immigrant visa applicant(s) listed below:   |
| Principle Applicant:  |
| Case Number: Number of Applicants requiring medical exam:   |
| Sincerely,  |
| Immigrant Visa Section United States Embassy Doha, Qatar  |